

ISDH 2004 Hospital Service Report

(Annual Report under Indiana Code 16-21-6)

Community Hospital SouthCity: Indianapolis County: Marion Year: **2004**

Provider Type: General Acute Hospital

I. Inpatient Care				
Hospital Service Description	Number of Set Up Beds	Number of Discharges	Number of Patient Days	Average Charge Per Discharge
Burn Care	0	0	0	\$0
Cardiac Intensive	0	0	0	\$0
ICU Med/Surg	28	1,542	7,072	\$5,319
ICU Neonatal	0	0	0	\$0
ICU Pediatric	0	0	0	\$0
Medical/Surgical	69	3,319	12,672	\$2,227
Neonatal Intermed	0	0	0	\$0
Obstetrics	17	1,487	3,552	\$1,594
Pediatric	0	0	0	\$0

Psychiatric	0	0	0	\$0
Rehabilitation	0	0	0	\$0
Substance Abuse	0	0	0	\$0
Swing Beds	NA	0	0	\$0
Other Services	0	0	0	NA
Acute Subtotal	114	6,348	23,296	NA
Normal Newborn	7	685	1,583	\$1,717

II. Outpatient Visits			
Circulatory System	4,403	Digestive System	2,885
Endocrine System	4,228	Injuries and Poison	8,081
Mental Disorder	574	Musculoskeletal	7,348
Neoplasms	1,879	Nervous	1,732
Respiratory	3,870	Urinary	4,227
Other/Unknown	22,696	Total Visits	61,923
Number of Visits to Emergency Department			25,193
Percent of Emergency Department Visits of Total Visits			40.7%

Identification of Hospital Services

Each hospital has identified if it has one or more of a standard list of 66 services. This list of 52 services is updated annually by each hospital from the information initially requested by the Centers for Medicare & Medicaid Services when the hospital was initially certified for Medicare payment. The other 14 services have been identified in other sections of this report.

N - Ambulance Service (Owned)	N - Alcohol/Drug Service	Y - Anesthesia Services
N - Audiology	Y - Blood Bank	N - Cardiac Cath Lab
N - Cardiac-Thoracic Surgery	N - Chemotherapy Service	N - Chiropractic Service
Y - CT Scanner	N - Dental Service	Y - Dietetic Service
N - Extracorporeal Lithotripter	N - Gerontological Service	Y - Home Health Service
Y - Hospice	Y - Laboratory Anatomical	Y - Laboratory Clinical
N - Magnetic Resonance (MRI)	Y - Neonatal Nursery	N - Neurosurgical Service
Y - Nuclear Medicine	Y - Occupational Therapy	Y - Operating Room
N - Ophthalmic Surgery	N - Optometric Service	N - Organ Bank
N - Organ Transplant	N - Orthopedic Surgery	Y - Pharmacy
Y - Physical Therapy	N - PET Imaging	Y - Postoperative Recovery
N - Psychiatric Emergency	N - Psychiatric Child	N - Psychiatric Forensic
N - Psychiatric Geriatric	Y - Radiology Diagnostic	Y - Radiology Therapeutic
N - Reconstructive Surgery	Y - Respiratory Care	N - Rehab Inpat CARF
Y- Rehab Inpat Non CARF Acc	N- Rehab Outpatient	Y- Renal Dialysis

Y - Social Services	Y - Speech Pathology	Y - Surgical Inpatient
Y - Surgical Outpatient	N - Trauma Center Certified	N - Transplant Cnt Medicare
N - Urgent Care Center		

NA =	Not applicable	NMF =	No meaningful figure	NR =	Not reported
------	----------------	-------	----------------------	------	--------------